

# Health Department, City of Baltimore.

Permit No. 99390 Office of Registrar of Vital Statistics.

Ward 6<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 19, 1887  
 Full Name of Deceased, <sup>{Write legibly and spell correctly. If an Infant not named, give names of parents.}</sup> Harmon Heek  
 Sex, Male or Female, <sup>{Cross out the word not required in this line.}</sup> Male  
 Age, 29 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
 Color, white

Married, Single, Widow or Widower, <sup>{Cross out the words not required in this line.}</sup> Single

Occupation, Shoe maker

Birth Place, <sup>{State or country, and how long in the United States, if of foreign birth.}</sup> Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, <sup>{Give Street and Number.}</sup> 415 N. Chapple

Cause of Death, <sup>{First (Primary), Second (Immediate),}</sup> Rheumatic Fever  
Endocarditis

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Green

Date of Burial, April 21, 1887

Undertaker, John Henry M. D.

Place of Business, 2008 Orleans St. Address St. Louis, Mo.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99391 Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 21 - 1887  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fensae Hogan  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, Years, 5 Months, 14 Days  
Color, White  
Married, Single, Widow or Widower, { Cross out the words not required in this line. }  
Occupation,  
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City  
Duration of Residence in the City of Baltimore, Lifetime  
Place of Death, { Give Street and Number. } 205 N. Castle St.  
Cause of Death, { First (Primary), Dentition  
Second (Immediate), Convulsions  
Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Bonna Bree  
Date of Burial, April 23 1887  
{ Undertaker, M. J. Schaffer } Hall Kullback M. D. Medical Attendant.  
{ Place of Business, 2. front 4 } Address, 403 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Permit No. 99392 Office of Registrar of Vital Statistics. Ward 13<sup>th</sup>

**Health Department, City of Baltimore.**  
 The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
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**CERTIFICATE OF DEATH.**

Date of Death, April, 20. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr. Henry Freeman  
Penneman

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, 32 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, Grocer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. M. d.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 168 S. Fremont St.

Cause of Death, { First (Primary), Second (Immediate), } Progressive paralysis  
Asphyxia

Duration of Last Sickness, five weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Apr. 23rd 87

{ Undertaker, E. France Medical Attendant, G. G. Luck M. D.

{ Place of Business, 3 Bank & Wolf Sts. Address, 1000 E. Bal. C.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99393 Office of Registrar of Vital Statistics. Ward C3<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH

Date of Death, April 21<sup>st</sup> 1887

Full Name of Deceased, Barbara Neuschman (Write legibly and spell correctly. If an infant not named, give names of parents.)

Sex, Male or Female, Female (Cross out the word not required in this line.)

Age, 1 Years, 11 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, Single (Cross out the words not required in this line.)

Occupation, None

Birth Place, Baltimore City (State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, Life time

Place of Death, On E. Wolfe & Howard St. (Give Street and Number.)

Cause of Death, Heart disease (First (Primary), Second (Immediate),)  
Dropsy

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Apr. 22<sup>nd</sup> 87

Undertaker, G. France M. D.

Place of Business, E. Wolfe & Wolf Address, 111 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 99394 Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, April 20 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Scheeler

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, White Years, 1 Months, 1 Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1708 N. Wolfe

Cause of Death, { First (Primary), Second (Immediate), } Premature Birth  
Quinitation

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, April 22 1887

{ Undertaker, H. Pink & Son Medical Attendant, J. B. Schwatka M. D.

{ Place of Business, 915 N. Gay St Address, 933 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



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# Health Department, City of Baltimore.

Permit No. 99395 Office of Registrar of Vital Statistics. Ward 12<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
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## CERTIFICATE OF DEATH.

Date of Death, April 20<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Conrad Kraft

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 67 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Parer.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 37 years.

Place of Death, { Give Street and Number. } 556 Preston St

Cause of Death, { First (Primary), Asthma Second (Immediate), Exhaustion }

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, German Lutheran Trinity

Date of Burial, April 22<sup>nd</sup> 1887

{ Undertaker, Detrick Wiegand }

{ Place of Business, 1006 Druid Hill Ave Address, Emma Ann & Robert B }

Wm Ricketts M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 99396 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, April 20, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Spencer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 72 Years, — Months, — Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, Builder

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 420 Franklin

Cause of Death, { First (Primary), Second (Immediate), } Heart Disease  
Cardiac Paralysis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, April 22.

{ Undertaker, Walter Imme } G. A. Fleming M. D.

{ Place of Business, 594 W. Biddle Address, Cor. Franklin & Green }  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

# Health Department, City of Baltimore.

Permit No. 99397

Office of Registrar of Vital Statistics.

Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 21, 1887.

Full Name of Deceased <sup>(Write legibly and spell correctly. If an Infant named, give names of parents.)</sup> Hyman Goodman,

Sex, Male or Female, <sup>(If the word not required in this line.)</sup>

Age, 5 Years, 5 Months, 5 Days.

Color, White,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, <sup>(Cross out the words not required in this line.)</sup>

Occupation, None,

Birth Place, <sup>(State or country, and how long in the United States, if of foreign birth.)</sup>

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, <sup>(Give Street and Number.)</sup> 1141 E McKeldry St.

Cause of Death, <sup>(First (Primary), Second (Immediate),)</sup> Capillary bronchitis,  
Exhaustion  
24 hr.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Russian Cemetery

Date of Burial, April 22/87

Undertaker, David Hyman J. W. Chambers M. D.

Place of Business, Address, 309 N. E. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Board of Health, City of Baltimore.

Permit No. 99398 Office of Registrar of Vital Statistics. Ward 10<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21<sup>st</sup> 1887

Full Name of Deceased, Rohden, P. Phelps

Sex, Male or Female, Cross out the word not required in this line.

Age, 38 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, Merchant

Birthplace, N Carolina

Duration of Residence in the City of Baltimore, 1 Week.

Place of Death, 344 Lexington St

Cause of Death, Disease of Brain

Duration of Last Sickness, 1 Week

Place of Burial, Mendota N.C.

Date of Burial, April 23/87

Undertaker, Henry Mitchell

Place of Business, 514 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



# Health Department, City of Baltimore.

Permit No. 99399 Office of Registrar of Vital Statistics.

Ward 11<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH



Date of Death, April 21<sup>st</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie P. Robinson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 72 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Wilmington Delaware

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, { Give Street and Number. } 906 St Paul Street

Cause of Death, { First (Primary), Chronic disease of organs of circulation and respiration  
Second (Immediate), Paralysis }

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician

Place of Burial, Wilmington Del

Date of Burial, April 22<sup>d</sup>

{ Undertaker, W.C. Wiedefeld } Dr. Lloyd Martin M. D.  
Medical Attendant.

{ Place of Business, 916 Green Mt Ave } Address, 24 Mount Vernon Place East

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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